

SERIAL NUMBER <div style="text-align: center;">09/160,977</div>	FILING DATE <div style="text-align: center;">09/25/98</div>	CLASS <div style="text-align: center;">514</div>	GROUP ART UNIT <div style="text-align: center;">1614</div>	ATTORNEY DOCKET NO.
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APPLICANT

SAI SUNKARA, CINCINNATI, OH.

****CONTINUING DOMESTIC DATA*******


VERIFIED	THIS APPLN IS A CON OF	08/967,190	10/29/97	ABN
	WHICH IS A CON OF	08/834,589	04/07/97	ABN
	WHICH IS A CON OF	08/537,170	09/28/95	ABN
	WHICH IS A CON OF	08/435,240	05/05/95	ABN
	WHICH IS A CON OF	08/358,662	12/19/94	ABN
	WHICH IS A CON OF	08/285,618	08/03/94	ABN
	WHICH IS A CON OF	08/182,313	01/14/94	ABN
	WHICH IS A CON OF	08/098,769	07/28/93	ABN
	WHICH IS A CON OF	08/023,160	02/25/93	ABN
	WHICH IS A CON OF	07/866,399	04/10/92	ABN

****371 (NAT'L STAGE) DATA*******

VERIFIED

****FOREIGN APPLICATIONS*******

VERIFIED



FOREIGN FILING LICENSE GRANTED 10/14/98

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY <div style="text-align: center;">OH</div>	SHEETS DRAWING <div style="text-align: center;">0</div>	TOTAL CLAIMS <div style="text-align: center;">12</div>	INDEPENDENT CLAIMS <div style="text-align: center;">1</div>
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Verified and Acknowledged Examiner's Initials Initials

ADDRESS

HOECHST MARION ROUSSEL INC
 2110 EAST GALBRAITH ROAD
 P O BOX 15300
 CINCINNATI OH 45215-6300

TITLE

METHOD OF TREATING CANCER BY CONJUNCTIVE THERAPY WITH
 2'-HALOMETHYLIDENE DERIVATIVES AND A S-PHASE OR G₂-PHASE SPECIFIC
 ANTINEOPLASTIC AGENT

FILING FEE RECEIVED <div style="text-align: center;">\$790</div>	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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